

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ehrlich for Congress

A. Full Name (Last, First, Middle Initial) Fran Haasch		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>03</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		03		2013
M M	/	D D	/	Y Y Y Y									
06		03		2013									
Mailing Address 550 Riviere Rd		Transaction ID : C8007180											
City Palm Harbor	State FL	Zip Code 34683-5172											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.00</div>											
Name of Employer Law Offices of Francoise M. Haasch	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2000.00</div>												
B. Full Name (Last, First, Middle Initial) Fran Haasch		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>27</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	06		27		2013
M M	/	D D	/	Y Y Y Y									
06		27		2013									
Mailing Address 550 Riviere Rd		Transaction ID : C8032233											
City Palm Harbor	State FL	Zip Code 34683-5172											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>1000.00</div>											
Name of Employer Law Offices of Francoise M. Haasch	Occupation Attorney												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>2000.00</div>												
C. Full Name (Last, First, Middle Initial) laura May hainisch		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>19</td> <td></td> <td>2013</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	04		19		2013
M M	/	D D	/	Y Y Y Y									
04		19		2013									
Mailing Address 8520 gardenia dr		Transaction ID : C7965602											
City seminole	State FL	Zip Code 33777											
FEC ID number of contributing federal political committee. <div>C</div>		Amount of Each Receipt this Period <div>500.00</div>											
Name of Employer none	Occupation none												
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <div>500.00</div>												
SUBTOTAL of Receipts This Page (optional).....		<div>2500.00</div>											
TOTAL This Period (last page this line number only).....		<div></div>											